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## CLINICAL LECTURE.

### REMOVAL OF UTERINE APPEND- AGES.—TWISTING OFF A FIBROID POLYPUS.—FIBROID TUMORS.

BY E. E. MONTGOMERY, M. D.,  
PHILADELPHIA.

PROFESSOR OF GYNECOLOGY, MEDICO-CHIRURGICAL  
COLLEGE; OBSTETRICIAN TO THE PHILA-  
DELPHIA HOSPITAL.

### Removal of Uterine Appendages.

*Gentlemen:* From this patient I removed the uterine appendages in this amphitheatre one week ago; I removed the sutures yesterday, and found the wound had united perfectly by first intention. The result in a private hospital could not have been more satisfactory. The temperature has at no time since the operation gone up higher than 100.2° F., and for these delightful results I feel that I cannot too highly com-

mend the antiseptic precautions that were exercised in the preparation of this room, the attention to details during the operation, and the faithful care of the Resident Physician and the nurse in the after treatment.

### Twisting off a Fibroid Polypus.

The patient whom I bring before you to-day is forty years old. Her father died of pneumonia. She has two children. The elder is living, and the younger died when he was five years old. She denies any venereal history. Some years ago she fell down a flight of twelve steps and at her next period she flooded, and from this time there began a very perceptible development in the size of this umbilical hernia. Since then she has often had severe uterine hemorrhages, or excessive menstruation. This is greatly increased by any exertion. Ten days ago she took cold and had pain in her abdomen. She came here about the fifth day of her illness. The pains were differentiated from labor pains because they were continuous and

not periodic. Examination disclosed a mass protruding into the vagina from the cavity of the uterus and she had a profuse discharge which was quite offensive. The temperature went up, at once, to nearly  $109^{\circ}$  F., and stayed at that point. This mass, protruding into the vagina, has been rapidly increasing in size. The neck of the uterus encircles the circumference of the tumor. Its character is hard to determine from conjoined manipulation, because the patient is so fat. To arrive at a correct diagnosis we must summon to our minds the diseased states which are likely to produce such symptoms. These conditions would be either a submucous uterine fibroid or an inversion of the uterus.

There is no reason to believe that this is a part of a placenta or of the product of conception, so that such an idea can be dismissed at once from our minds. Inversion of the uterus may occur as a result of parturition. A woman in labor may, when the cord is dragged upon in order to deliver the placenta, suffer inversion of the uterus. This accident used to be comparatively common in the days of midwives, or when the placenta was delivered by traction on the cord. Again, inversion may result from a growth in the fundus or at either angle of the uterus. The dragging down which such a growth would cause results in an inversion of the womb. Therefore, always examine everything carefully. From a sarcoma of the uterus the muscular walls of the organ may lose their tonicity, so that there may be left no power to resist the tendency to inversion.

The question that is now asked is: How is one to find out when the uterus is really inverted? First, by conjoined manipulation which would show a cup-like depression instead of the rounded top of the uterus. If this method fails, supplement it by rectal examination, and, in order to impress its importance upon you, I shall relate to you the following example. A friend of mine who had had a large experience was called to see a woman who had a large mass protruding from the uterus into the vagina. Conjoined manipulation disclosed a depression at the normal position of the fundus uteri. It was diagnosed inversion. The consulting physician attempted to get the organ back in position by introducing his finger into the cup-shaped depression through the rectum, his purpose being then to draw down upon the womb while the other hand in the vagina pushed the displaced body of the organ back into position. But he was

surprised to find that his finger passed over a retroverted uterus, which a preliminary rectal examination would have disclosed.

The cup-like depression he felt in front was due to the traction of the pedicle of a fibroid polypus attached to the anterior wall of the uterus, while the tumor hung in the vagina. Therefore, let this example impress upon you that you should always examine through the rectum, especially to reach the posterior part of the uterus.

I now introduce my finger and find that the mass fills up the vagina pretty well. I next pass my finger well into the uterus and pass it well around in that organ. The pedicle of the tumor becomes smaller as I get nearer to its base. This might be due to a constriction by the neck of the womb. But the facts that she has hemorrhage, comparatively good health and a tumor, indicate to me that she has a fibroid growth.

The next question is: How is this fibroid tumor to be removed? The pedicle may be either large or small. If the base be broad, it is called a sessile tumor; if the base be small, it is called a polypus. In case of a tumor like this the method of its removal depends on the size of its base. If the pedicle is small it can be twisted off. Here it can be seen that the tumor is sloughing. If I had not been wanting to show it to you, I would have removed it yesterday. This it is, that has been the cause of such high temperature. It is so fragile that when I try to get a good hold on it with my volcellar forceps it easily crumbles under the pressure. But finally I do obtain a good hold and after a few twists the tumor comes off. Its weight is about twelve ounces.

### Fibroid Tumors.

Fibroid tumors may be divided, histologically, into the following varieties: first, the soft fibroid, in which the muscular tissue predominates, hence called myomata. The tissue is similar to that of the uterus, and presents no line of demarcation. The growth is rapid, sometimes attaining to enormous size.

Second, the hard fibroid, in which the fibrous tissue predominates. The tumor grows slowly or is stationary and is completely surrounded by a capsule. All fibroid growths originate in hypertrophy of the uterine muscular tissue as a result of local inflammation.

The tumors are divided, according to situation, into: first, submucous, situated

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beneath the mucous membrane. In these hemorrhage is a marked symptom, owing to the obstruction of circulation in the uterine mucosa. Second, mural or interstitial, when hemorrhage is also a marked symptom, particularly when the tumor protrudes upon the cavity of the organ. Third, subperitoneal; the tumor in its growth being forced out of the uterus beneath the peritoneum. The same uterus may present all the varieties of fibroids and they may vary in size from that of a cherry to growths exceeding one hundred pounds in weight. The symptoms vary according to their locality. The nearer they are to the mucous surface, the greater is their hemorrhage. A very small tumor in the cavity of the uterus will frequently give rise to frightful hemorrhages.

The following instance will exemplify this principle. A woman suffered from frequent hemorrhages during the last two years. The uterus felt irregular and nodular, and I thought that malignant disease was present; yet the trouble was not in the cervix, but in the body of the womb. As it was late in life, I feared the worst, so that I did not dilate the cervix and examine into the cavity of the uterus, but I took out the uterus itself and, to my surprise, I then found that the hemorrhage had been due to a small fibroid tumor, no larger than a marble, situated near the fundus. There was, however, a fibroid degeneration of the uterine walls, so that later she would have suffered from a return of the bleeding, and in time would have had to undergo some operation for its arrest. She is now doing well. The substance obtained from the endometrium by curetting should always be examined under the microscope.

When we meet with fibroid tumors of the uterus how are they best to be removed? First, when the tumor is submucous it would be best grasped with a pair of stout polypus forceps, drawn down, and then twisted off; provided its base be not too broad. This is the best method in ordinary cases, as by the twisting we are most apt to get off all the tumor and less apt to cause bleeding; second, a wire ecraseur with a good stout single wire may be thrown around tumor's pedicle, whether it be large or small; third, the tumor may be well drawn down, and then its pedicle clipped with a pair of curved scissors. This method is applicable when the base of the tumor is small.

Some years ago I met a patient who had been treated for two years, for hemorrhage

without success and, what is more serious, without an examination. I thoroughly examined her, and after splitting up the cervix on either side to the lateral fornices, enucleated from her uterus a fibroid tumor by means of my finger and a Thomas's spoon-curette. It was about the size of a hen's egg, and after it was separated from its bed it was with difficulty delivered through the narrow internal os. When the tumor is too large to remove entire it may be cut away in pieces.

A mural tumor may cause a patient long suffering before the walls of the womb become thick enough to admit of its separation. The old plan of cutting down through the capsule, and then giving ergot, exposed the patient to gangrene and blood poisoning. A better plan is to split up the cervix, and then enucleate the tumor with the fingers and a spoon-curette.

## COMMUNICATIONS.

### IS CONSUMPTION CONTAGIOUS?

BY THOMAS J. MAYS, M. D.,

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*Mr. President:* In casting a retrospect over the two years which have passed since our last meeting I am quite certain that you will agree with me when I say that the task of reviewing in a short address all the work which has been done in the name of hygiene during this time would be a prodigious if not a profitless undertaking, and that you will pardon my confessed inability to fulfil the strict letter of the law if I confine my remarks to the consideration of a special department of this branch of medicine, and thus make an effort to compensate in concentration that which I lack in generalization.

The theme to which I shall invite your attention to-day is that of *The Relation between Artificial Inoculation and Pulmonary Consumption*. The study of pulmonary consumption, like that of cholera, yellow fever, leprosy and many other diseases, has been approached from two directions—(1) from the experimental or laboratory side, and (2)

<sup>1</sup> The Address in Hygiene, delivered before the Pennsylvania State Medical Society, at Pittsburgh June, 1890.



from the clinical side. It must be admitted on every hand that these are legitimate and scientific methods of investigation; and, whatever the nature of their results may be, one thing is perfectly clear, and that is, that being the products of genuine processes, they corroborate each other, and must hence be accepted. Under such circumstances one side cannot be absolutely and entirely right, and the other absolutely and entirely wrong, but both must be entirely right, and must be complementary to each other. What then has each method contributed to the study of this disease?

In 1865 Villemin produced tuberculosis in rabbits by inoculating them with tuberculous material. This has since been abundantly confirmed by other observers, and in 1882 Koch gave the study of tuberculosis a fresh impetus by demonstrating that a specific micro-organism—the tubercle bacillus—is associated with the tubercular virus. When this organism is injected subcutaneously into the bodies of animals tuberculosis is generated. Tuberculosis may also be induced by feeding tubercle virus to animals, or by compelling them to inhale the same. It must be stated, however, that artificial tuberculosis is most readily induced by the first, and least readily by the last two methods. Rabbits and guinea-pigs are more susceptible to it than cats and dogs, and on the whole the disease seems more communicable when the virus is introduced into the abdominal cavity than into the eyeball.

These facts show very conclusively that tuberculosis is transmissible from man to animals through inoculation, and they have naturally given rise to the almost universal belief that pulmonary consumption is a contagious disease. The health authorities of the State of Pennsylvania and of a number of the large cities of this country and of Europe have been moved to adopt measures which have in view the suppression of this disease on the score of its contagiousness.<sup>1</sup> By common consent it must be admitted

that this is a serious matter; for if this belief is correct these officers are discharging a most sacred and responsible duty, in which they should receive the encouragement of every loyal citizen. If it is erroneous it is equally clear that these officials not only perpetrate a terrible wrong on those who are afflicted with this disease, but also waste the time and energies of the people by misleading them in regard to the true nature, cause and prevention of consumption.

Let us see, then, whether clinical medicine is able to throw any light on the truth or falsity of the contagion doctrine. In discussing this side of the question I will start out with the fundamental and self-evident proposition that, if other things are the same, those who are most exposed to a contagious disease are most liable to contract it. This may be very aptly illustrated by some of the accidents due to railway travel. While only a portion of those exposed to railroad accidents are injured or killed, it still remains true that the mortality rate from such casualties is higher among those who travel in cars than among those who do not. This principle holds true in the case of small-pox, measles, etc., and is the *experimentum crucis* in the case of consumption, if, like them, it is a contagious disease. Now those who hold to the contagion doctrine say that the tubercle bacilli are the elements on which the contagiousness of consumption depends—i. e., they are the carriers of the disease from person to person. It has been demonstrated that these germs abound in localities where the disease exists, and are absent where the disease is not found. Such localities are hospitals for consumption and the homes of those who suffer from the disease. It is inevitable, therefore, that physicians, nurses and attendants of consumption hospitals, and intimate relatives of consumptive patients are more subject to the disease than those who are but seldom exposed. What are the facts?

Physicians who are constantly exposed to consumption are much less subject to it than are butchers, coopers, locksmiths, etc., who scarcely come in contact with it except by chance. The statistics of the Brompton Hospital for Consumption, in London, show that during a period of thirty-six years not a single clearly-authenticated case of consumption arose within its walls among its twenty-nine physicians and assistant physi-

<sup>1</sup> The Board of Health of the State of Pennsylvania in a recent circular (No. 26, page 6) says: "Painful as the conviction that he is liable to be a dangerous source of infection to his family and friends, as well as to the public, must be to the sufferer from phthisis, it must be forced upon him. This is the duty of his medical adviser." Further precautions given are that under no circumstances shall his expectoration be allowed to dry before it is destroyed, and that he must scrupulously avoid spitting on his handkerchief, on the floor, or on the ground, and instead must use a small spitting-flask.



cians, its one hundred and fifty clinical assistants and its one hundred and one nurses, of which there existed a health record. The statistics of Friedrichshain Hospital, in Berlin, recently gathered by Dr. Fürbinger, show that during a period of sixteen years out of 459 male nurses there were 4 (two of whom were tuberculous before entering); of 339 female nurses there were 2; of 83 physicians there were 3 (one of whom entered with the disease) who became consumptive. Of 108 Victoria sisters, who were engaged as nurses in the same institution from two to five and a half years, only one became consumptive.

These statistics are also strikingly confirmed by those which show the influence of the Consumption Hospital of Görbersdorf, in Germany, on the death-rate from phthisis among the inhabitants of that town. Dr. Brehmer, who had been in charge of that institution for twenty years, says that since the year 1854 more than ten thousand consumptives resided in the hospital, who daily walked the streets of the town and mingled with its inhabitants. The latter were, therefore, continuously respiring an atmosphere more or less laden with tubercle-bacilli emanating from the dried expectorations of these consumptive visitors; yet, in spite of these favorable conditions for contagion, the mortality is 50 per cent. less among the Görbersdorf population since than it was before the establishment of the hospital. These figures are especially interesting in view of the assertions frequently made that the healthful influence of mountain resorts is impaired by the infectiousness of the exhalations and expectorations coming from consumptive people who go there for relief.

Then, again, it may also be said that it is not true, as is so often asserted, that the attendants of hospitals, where other diseases than consumption are treated, enjoy a similar immunity from disease. This is well shown, at least so far as typhoid fever is concerned, in the records of the Massachusetts General and the Boston City Hospitals. In the former, from 1882 to 1887, no less than seven, and probably eleven; and in the latter, from 1884 to 1888, twenty-eight cases of typhoid fever occurred among the medical attendants and employees of these institutions.

Similar negative testimony is obtained from the statistics of the contagiousness of consumption between husband and wife.

Dr. Schnyder, of Switzerland, gives a record of 844 cases of consumption occurring among married people. In 445 of these the husband only, and in 367 it was the wife only who was consumptive, while in thirty-two both husband and wife were affected: showing that in 812 instances there was not the least proof of contagion. Is there any reason to believe that the disease originated through contagion in the 32 cases? Dr. Schnyder says not, for four of these cases came to him fresh from the matrimonial altar affected with the first signs of consumption, and he is of the opinion that in spite of all warnings, young people are frequently married while suffering from the disease. The late Dr. Flint gives the history of 670 cases of consumption which affected husbands and wives, and among these there were only five in which there was a suspicion that the disease might have been contracted from one or the other; but it is certain, he says, that the instances in which transmissibility may be suspected can also be accounted for as coincidences in a disease which is so prevalent as consumption. M. Leudet shows, too, that out of 112 widows and widowers, whose consorts died of consumption, only 7 (four women and three men) became phthisical; hence there remained 105 who lived intimately with tuberculous people without contracting the disease.

About seven years ago a committee of the British Medical Association distributed circulars of inquiry among the members of the profession in regard to the liability of contagion between husband and wife or between members of the same family, etc. Ten hundred and seventy-eight answers were received. Of these 778 were negative, 39 doubtful, and 261 were affirmative.

The large number of affirmative answers which have been received in this investigation are taken as proof of the contagiousness of this disease. This evidently is a mistake, for the aim of the inquiry was not to ascertain the number of absolutely well-demonstrated cases in which contagion was present or absent, for this would obviously have been an impossibility, but it was to collect the individual opinions of a large number of physicians as to whether they believed the disease to have been contagious in certain cases or not; and this resulted in 778 negative and 261 affirmative votes. Are we to assume, therefore, that the 261 opinions are of more weight than the 778 nega-

tive ones, and thereby imply that the former only had the fortune or misfortune of meeting cases which originated through contagion, and the latter had not? Is it not more probable that all of them witnessed cases around which hung a cloud of suspicion that they might or might not be contagious, but that 778 did not consider the proof strong enough to outweigh that which, in their minds, was in favor of other and more powerful influences in the causation of the disease?

Now, in converging the evidence of the two sides of this question there appears to be an irreconcilable contradiction. The experimental testimony points decidedly towards contagion, while the clinical testimony just as decidedly opposes such an opinion. It must be remembered, however, that the first kind of evidence pertains only to experiments on the lower animals, and, in so far as it applies to the human body, rests entirely on a theoretical basis. It establishes the fact, however, that when the tuberculous virus is introduced under the skin tuberculosis follows. On the other hand, clinical evidence utterly fails to show that such inoculation occurs in practical life; nor does it show that those who are most exposed to the bacillus tuberculosis, as it is disseminated through the atmosphere, or through food, are more, or as much, liable to contract the disease as those who are not so exposed.

When the apparent antagonism between these two kinds of testimony is thoroughly sifted it will be found that, so far as the origination of pulmonary consumption is concerned, laboratory experiments are absolutely silent. All that they show is that the disease may be transplanted by a certain method after it has been called into existence by other causes. Clinical medicine does not, perhaps, define the exact mode of the origin of consumption, but it positively asserts that it does not arise by being transmitted from person to person through contagion. The great difficulty in the discussion of this problem has always been a neglect to distinguish between the origin and the transplantation of consumption. These two phenomena are actually treated as if they were one and the same thing, yet the original genesis of a new form of life, whether normal or abnormal, differs as much from the artificial transplantation of the same as sunlight differs from moonlight.

The truth of this is strikingly illustrated

in skin grafting. Particles of skin are planted on denuded surfaces and become thoroughly incorporated with the bodily tissues, yet such an artificial procedure gives us no knowledge of the origin and mode of genesis of the skin that is transposed. In cow-pox vaccination—another example of the same kind—a new form of life is not only transplanted to the body, but the new form of life has a deep, modifying influence on the whole organism; yet neither the operation nor its products gives us the remotest idea as to the source of the virus against the action of which it protects the body. Another exemplification of this is found in the vegetable kingdom. It is well known that a graft is capable of communicating the peculiar properties of the fruit, color of leaves, etc., of the tree or plant from which it is taken, to the whole tree or plant on which it is grafted.

Dr. Darwin, after relating a number of cases in which grafting or budding of the variegated jessamine, the oleander, and the ash, infused their peculiar characteristics into the stocks which received them, states<sup>1</sup> that "many authors consider variegation as the result of the disease; on this view, which, however, is doubtful, for some variegated plants are perfectly healthy and vigorous, the foregoing may be looked at as the direct result of the inoculation of a disease." Dr. Masters, in an able contribution to the subject,<sup>2</sup> says: "Cases have been observed where, from the stock *below* the graft, fruits and flowers of the same appearance as those borne on the scion have made their appearance. This has been observed in the case of the pear grafted on the mountain ash, and in other cases." In regard to the transmission of variegated leaf properties through grafting, Dr. Masters states that "a year or two since a beautiful *Abutilon*, with leaves mottled with yellow, was introduced into our garden. It was very desirable that this should be propagated as largely and as speedily as possible. The scions of the variegated *Abutilons* were grafted on to green-leaved stocks of other *Abutilons* by many nurserymen on the Continent and in this country, and it was soon found that the grafted plants produced variegated leaves from the stock. That the variegation is really due to the influence of

<sup>1</sup> Animals and Plants under Domestication, Vol. I, p. 474.

<sup>2</sup> Grafting: its Consequences and Effects, *Popular Science Review*, April, 1871, p. 149.

the scion is shown by the fact that if the graft becomes separated from the stock, the leaves subsequently produced from the latter were wholly green, as before the grafting, and even the variegated leaves originally produced lost their mottled character."

Let us then for a moment imagine the feelings of the experimental physiologist whose mental vision of the source of plant-life is limited to a knowledge that grafts have the power of infusing the peculiar color of their leaves, the nature of their fruit, the odor of their flowers, and their very fibre and constitution into the stock upon which they are grafted, on being ushered into a beautiful grove of trees, or into a garden of flowers. Would he not in his ecstasy at once say to himself, it is clearly demonstrated that grafts possess the power of transmitting these properties to the plant-stock, therefore it must follow that all this diversified wealth of vegetable form and beauty is the product of inoculation by grafting? Would not his analysis be as wise and as justifiable as that of the experimental pathologist who announces that because pulmonary consumption may be occasioned by artificial inoculation, nature pursues a similar course in producing the disease? I do not by any means ascribe to myself infallibility of judgement, but I appeal to you, gentlemen, whether the mental processes employed by both the contagionists and the believer in the creative power of vegetable-grafting, are not entirely identical in nature and in character?

Take away the inoculation experiments on animals and you destroy the corner-stone on which those who believe in the communication of consumption from man to man repose their belief. I am not unmindful that there are many who deny this, and who claim that their faith rests on certain and well-defined evidence of contagion. But I never yet saw a case of this kind reported which on thorough examination did not turn out to be a case of misplaced confidence, so far as positiveness is concerned. Probability exists sometimes, but this does not constitute positive proof. Nor need any one wonder at this, for it is not a question which is susceptible of decision by an appeal to specific individual instances, either for or against contagion, as has been maintained throughout this paper. But it is, as Dr. Oldendorff has recently expressed it, in a discussion of this same subject before the *Verein für Innere Medicin* in Berlin, a ques-

tion which must be determined by statistics; and statistics, as we have seen, give no uncertain tone in response.

When direct statistical evidence, such as that submitted in this paper, shows that among one thousand six hundred and twenty-six married persons, where consumption existed either in the wife or in the husband, only the same disease occurred in the other partner in only forty-four instances, the certainty of non-contagiousness is placed beyond the shadow of a doubt. Here we have the picture of more than 1,600 people who were subjected to a much closer intimacy than that which obtains in any other condition of social life, occupying for years the same bed at night and the same room by day, and yet only forty-four or 2.73 per cent. of the consorting partners became fellow-sufferers. Truly, if consumption is contagious, it can only be so in a very slight degree. But can the source of these forty-four cases be traced to infection? Hardly, for in a disease which is as general as consumption, it is highly probable that many of them carried within their systems a tendency to the disease, which only awoke out of its slumbering condition and asserted its power when the many varied burdens and demands of family life began to exhaust the vital resources. Again, it may be true, too, that some suffered from an active or a latent form of the disease before they were married. Indeed Dr. Schnyder, who contributes the largest number of these cases, states distinctly that four of them came to him fresh from the matrimonial altar, victims of the disease in its incipency.

Moreover the contagiousness of consumption is an old idea, and all the measures of prevention which are receiving serious consideration from those who believe in it at the present time were tested with disastrous results by the inhabitants of Naples more than a hundred years ago. They reasoned as follows: If consumption is contagious, then the separation of the afflicted from the well is the only logical remedy, and for sixty-six years—from 1782 to 1848—they enacted and enforced the most rigorous laws that have ever been introduced for the suppression of any disease. Every physician was fined \$180.00 for the first neglect to report a case under his observation, and was banished for ten years for the second offense. In every case the ceilings, walls, floors, doors and windows of the rooms in which consumptives died were torn out, and burned,



and new ones were substituted. The bedding and furniture shared the same fate, and such dwellings were not inhabitable for one year. In consequence of these stringent laws the family with consumption in its midst was shunned and driven to want, and the patient was regarded as a public pest. Houses in which consumptives died came into disrepute, and many of their owners were turned into beggars. The sick were neglected and left to die inhumanly away from their families and friends. The intolerance of all this heroic treatment becomes more evident when we find that it had no influence whatever in diminishing the death-rate from this disease in Naples, and in other localities where it was administered. But, however much these colossal and outrageous crimes, performed under the cloak of justice and of humanity, may shock us, they demonstrate how earnestly the Neapolitans believed in the contagiousness of consumption. If they failed to suppress it, how much can the modern contagionists expect to accomplish by requiring that consumptives should cease to spit on floors, ground and pavements, and use fixed or portable spittoons instead. Indeed, when this advice is compared with the resolute and vigorous efforts of the unfortunate and deluded Italians, it seems more like the vaporings of a child's brain than the outcome of thoughtful and sober reflection; and it is sad to find men at this late day who are willing and anxious to repeat the superstitious follies and foibles of a century ago.

From all that has been said it seems perfectly plain to me that pulmonary consumption is not contagious in nature, and that its genesis has nothing whatever in common with that of small-pox, wound fever and other diseases which arise through infection. The works of Villemin, of Pasteur and of Koch have vastly enriched the science of experimental pathology, but they have absolutely no bearing on the natural origin of pulmonary consumption or on the question in dispute. No theory of any disease can be true unless it also points out the path of prevention and alleviation of that disease. Has the bacillus theory, which is so popular at the present day, rendered any such service to medical science? Has it lessened the mortality rate of this disease in the past, or does it give any assurance of doing so in the future? Can any one claim that it has not been accorded a fair and generous hearing? Was ever a medical theory launched under more favorable auspices, or received

with greater enthusiasm? The medical profession, prompted by the hope, long deferred, that a knowledge of the tubercle bacillus would accomplish for phthisis what the germ idea had done for practical surgery, eagerly and frankly accepted it, and thoroughly proved it; yet he who takes a calm and impartial retrospect of the whole situation must own that never was an *ignis fatuus* pursued which left more promises broken and greater anticipations unfulfilled than this bacillus theory, so far as it stands related to the prevention and treatment of pulmonary consumption.

### FUNCTIONS OF THE SPLEEN.

BY N. M. GEER, M. D.,

JEDDO, OHIO.

The functions of the spleen is a subject concerning which there has been much discussion and many theories have been advanced in regard to it; none of the theories, however, having stood the test of physiological investigation. Any statement, therefore, that one may make on the subject will doubtless be received with caution and subjected to a rigid scrutiny before being accepted. This I expect; and I only ask the reader to approach the subject in a spirit of fairness, and to give due weight to the evidence advanced. I shall endeavor to establish my position by means of facts known and accepted by the medical profession.

I will first make a general statement, that the spleen is a temporary depot, or place of deposit, in which certain excrementitious and waste products of the system are stored until they can be removed from the system by the proper organs; or, in the case of materials not excrementitious in character, reappropriated in another form. Incidentally to the above, it is a place in which red blood corpuscles undergo disintegration and white blood corpuscles are formed.

That the spleen has important functions cannot be doubted; its large size, complex structure and abundant blood supply precluding any other idea; for nature does not deal in superfluities, and the organ for which there was no use would soon, like the alveolar process from which the teeth are extracted, atrophy and disappear. The utility of the purposes above named will also be apparent; for, in the varying conditions of

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life, the truly excrementitious principles are frequently produced in quantities which can not at once be eliminated from the organism, the process of elimination being slow. It is, therefore, a wise provision of nature that these materials should be temporarily removed from the general circulation, where they might do much harm, and placed in a proper receptacle where their presence will be innocuous or at least less harmful than elsewhere.

But in what manner is this done? Presuming that my readers are all medical men and anatomists, I will not go into anatomical details, but content myself with the statement that the blood in the spleen flows from the smaller arteries to capillaries, and from the capillaries into minute spaces formed by branching endothelial cells. Here it comes into immediate contact with the spleen pulp.

In this soft and sticky mass the blood is rid of certain materials. All substances in imperfect solution are filtered out, as it were; and doubtless many others are removed by chemical changes and combinations, which we do not understand definitely as yet, but which offer a favorable field for future investigations. Red blood corpuscles, also, which are of a low grade of vitality, stick fast here and undergo disintegration. The red blood corpuscle has doubtless, like other anatomical elements, a certain limited period of existence. When this is fulfilled, it perishes in the spleen. It is not, as formerly stated, destroyed there, but merely perishes there from lack of vitality. For some of these latter statements I claim no originality, these facts having been demonstrated and announced by Frey, Stowell and other histologists. A similar opinion seems also to have been held by Austin Flint, judging by statements made in his work on the *Practice of Medicine*.

What evidence have we that our statements are correct? The amount of various chemical ingredients contained in the blood of the splenic artery, as compared with that of the splenic vein, is found by numerous experiments to vary considerably, the greater quantity of the given element being sometimes contained in the artery and sometimes in the vein. This shows that these elements are at times stored in the spleen, and again, under different circumstances, taken up and removed by the blood current. The spleen pulp contains at all times most of the excrementitious matters of the body. This is especially true of cholesterine and of uric

acid, both of which exist at all times in considerable quantities in this pulp. There is, of course, a variation in the actual quantity of these elements present, as they are eliminated from the system, the former by the liver and the latter (mostly as urates) by the kidneys. The number of red corpuscles in the blood is diminished in passing through the spleen, showing conclusively that some of them cease to exist in their previous form in that organ. In poisoning by chlorate or nitrate of potassium, or by other articles producing a similar injury of red corpuscles, the injured corpuscles accumulate in the spleen. In malarial diseases, while there is some difference of opinion as to the manner in which the blood changes are caused, the fact remains that a destruction or diminution of red blood corpuscles occurs, anemia being present in a noticeable degree in every case in which the disease has any material duration. And we find in these diseases a uniformly occurring enlargement of the spleen.

In septicemia, a disease accompanied by commencing disintegration of red corpuscles, the spleen is enlarged. The spleen enlarges also, in nearly all infectious diseases, in which we have the best of reasons to believe that injury of blood corpuscles occurs.

The facts enumerated seem to me competent to show that the spleen removes from the circulation red corpuscles which are so much injured by any morbid process as to be incapable of continuing to perform their normal functions. The formation of white corpuscles in the spleen may be regarded merely as an incidental circumstance, the materials and conditions for their development being present here in a high degree; and observation teaches us that these bodies are found wherever and whenever the proper materials and conditions exist.

But it has been urged, in opposition to every theory advanced as to the functions of the spleen, that this organ may be extirpated and life be prolonged indefinitely. I reply that, if the principal excretory organs (liver, kidneys, skin) be in a normal condition, they may dispose of the excrementitious principles referred to, with sufficient rapidity to prevent any injurious accumulation of them in the system; and the disintegration of red corpuscles would probably occur also in the adenoid tissues of the body. But the individual who was without a spleen, would, in my opinion, be subject to the development of cholesteremia and uremia, and of

hematogenous jaundice, from causes which would be insufficient to produce the same conditions in a person still possessing a spleen. The observations of cases in which the spleen has been extirpated have been as yet, too limited to settle this point positively.

Much more might be said in support of the views I have just advanced; but, to economize space, I will leave the subject for further investigation at the hands of others, first, however, referring to the practical application of this theory; for, if it has no practical application, our time has been wasted. In all cases in which enlargement or disturbance of the spleen can be ascertained, it may usually be taken to indicate:

1. That there is a disturbance of the action of some excretory organ; or
2. That a morbid process destructive of red corpuscles is occurring.

The remedy would be to restore the action of the delinquent organ, or to stop the morbid process if possible.

#### UNDECIDED POINTS IN THE ELECTRICAL TREATMENT OF FIBROID TUMORS.

BY G. BETTON MASSEY, M. D.,  
PHILADELPHIA.

An increasing experience with the Apostoli method of treating fibroid tumors of the uterus has clearly demonstrated to me its great value; there are, nevertheless, certain important details connected with it yet undecided, the elucidation of which would be of great service to those using the method. We are, for example, yet uncertain as to the relative value of puncture and intra-uterine applications. During the past year I have treated a large number of these cases, invariably with some degree of good result; but I am not yet in a position to lay down hard and fast rules for the selection of either method in a given class of cases. The year's work included two tumors that disappeared completely under the intra-uterine treatment,<sup>1</sup> which, with many other cases of shrinkage and symptomatic cure, has led me to continue to give preference to this form of treatment. One of these cases of complete

disappearance by apparent absorption was a large firm fibroid, completely filling the pelvis and extending up into the abdominal cavity. The other case was a mere projection from the right fundus, and was outlined with some difficulty, owing to the thickness of the abdominal walls. Both patients are now not only symptomatically well but absolutely free from growths or enlargements of any kind.

Electro-puncture has been used in several cases that were either of the distinctly sub-peritoneal variety or had inaccessible cavities, but the number has been by no means sufficient to establish any results capable of a relative comparison; for, although the cases all presented some improvement, several possessed disturbing factors, such as a concurrent syphilitic taint, that impaired the value of the results. Enough has been learned of this procedure, however, to convince me that it is by no means dangerous in careful hands. The procedure that I have adopted has varied somewhat from that laid down by Apostoli. A solid needle is used, which is insulated to within a centimeter of the end, in such a manner that the insulated and un-insulated portions present the same diameter. This permits the burying of the bare part of the needle in the growth and the confinement of the directly destructive action to the morbid tissue. The track of the needle through the overlying healthy tissue having been protected from cauterization, it readily heals by first intention, making the application a submucous one. The value of this form of puncture deserves earnest investigation.

Another point of much importance is the question of dosage. For the intra-uterine applications the most useful range is from 25 to 150 milliamperes, with a preference for the lower figures. For puncture by the submucous method, from 100 to 200, with a preference for the higher figures. Beyond these figures the results have not seemed to me to correspond with the increased currents.

The electrical treatment of cystic fibroids is well-known to be inadvisable, unless the value of drainage in connection with the treatment is established; and this introduces the necessity of excluding the presence of cysts in apparently solid tumors. The discovery made at times by operators, that small cysts exist without being suspected, has been used as an argument against an electrical treatment. Through the close

<sup>1</sup> For full details of these cases see *Electricity in Diseases of Women*, 2d edition, pp. 144 and 154.



observation that I have been enabled to make of all kinds of fibroid tumors under treatment in my private Sanitarium, I have discovered that cystic tumors invariably show a diurnal variation of temperature. This variation may be of only one degree, Fahrenheit, but it is in my experience significant of the presence of a cavity in a degenerating fibroid and of the inadvisability of promoting the degenerative process without giving exit to the contents. I have recently punctured and aspirated such a cyst through the anterior abdominal wall with success.

With this exception all forms of uterine fibromata have been demonstrated to be amenable to the Apostoli method; and, as its power to cause complete disappearance of the denser and harder tissue of old cases is naturally limited, I make a plea for the early diagnosis and treatment of this disease—a plea that seeks the restoration of the patient to comfort and health, without incurring danger and with all of her organs and functions intact.

Hysterectomy and oöphorectomy for fibroid tumors I leave to the judgment of those desiring to perform the operation. Only one case in which I have used electricity has subsequently been operated upon: a dispensary patient, who, I am told, only reluctantly consented to the operation instead of seeking it. The result was death on the fourth day after the operation; and this only confirmed in my mind the adverse views that have been expressed of late by many broad-minded men engaged in abdominal surgery.

1706 Walnut Street, Philadelphia.

#### SUBMUCOUS RESECTION OF CARTILAGE IN DEVIATIONS OF THE NASAL SEPTUM.<sup>1</sup>

BY JOHN B. ROBERTS, M. D.

There are cases in which simple division of the nasal septum, with the use of pins to hold the divided partition properly in place, is not efficacious, because the cartilage contains too much tissue to be held in a straight line after its abnormal curves have been corrected. It is easily understood that, since the shortest distance between two points is a

straight line, a curved or bent septum forced into a straight line by dilatation of the nostril or by incision, has a tendency to reproduce the curvature within a few weeks after the operation. In such cases it is usually necessary to remove a portion of the septal cartilage, if permanence is to be given to the straight position obtained by the operation. This is sometimes done by excision of a portion of the septum by means of a nasal punch or a knife, thus leaving an opening between the two nares. The operation which I describe, and which is a resection of the cartilage beneath the mucous membrane, makes no opening between the two nares and yet gets rid of the surplus septal tissue.

The operation should be commenced by dilatation of the occluded nostril with the finger or a pair of dilating forceps; the mucous membrane covering the septum of the occluded side is then incised by means of a blunt tenotome. The incision should be a long curved one, with the convexity towards the floor of the nostril, and should be commenced as far back as is necessary to make a flap large enough to uncover the curved piece of cartilage. A flat, dull instrument is then slipped under the mucous membrane and used to separate this membrane from the triangular cartilage and vomer. A finger in the opposite nostril gives rigidity to the septum during the manipulations. After the large flap of mucous membrane has been elevated a blunt-pointed tenotome is thrust under the mucous membrane, which hangs down like a curtain, and is used to cut out an elliptical portion of the septal cartilage corresponding in size with the angle or curve in the deviated septum that the surgeon desires to remove. During this stage of the operation the little finger of the other hand in the opposite nostril is used to prevent perforation of the mucous membrane in the nostril opposite that of operation. A blunt instrument is then thrust through the incision in the cartilage and used to separate the portion of cartilage, which is to be taken out, from its mucous membrane on the side opposite the occluded nostril. The elliptical piece to be resected is then lifted out with forceps and the large flap of mucous membrane permitted to drop in place like a curtain. One or two sutures of catgut may then be put in the mucous membrane at the anterior portion of the wound in order to hold the flap in place.

The operation is readily performed, and

<sup>1</sup> Read before the Philadelphia County Medical Society, May 14, 1890.

seems to me a distinct improvement in nasal surgery. So far as I know it is novel.

My observations have led me to believe that a great many cases of crooked nose or occluded nares are not due to fracture or congenital deformity, but to interstitial growth of the septal cartilage. It is impossible to increase the area of a partition situated between fixed borders without causing the partition to assume a curve. The triangular cartilage cannot extend upwards, downwards or backwards, because of its margins in these directions being fixed, hence, when it increases in area by abnormal growth it assumes curves and distorts the anterior portion of the nose.

I have recently operated upon a case in which the crookedness of the nose was very marked, and had been increasing within the last few years. In this case it was quite evident that the deformity depended upon a double curve of the septal cartilage, which was apparently due to abnormal interstitial growth.

Submucous resection of the cartilage is, it seems to me, a good method for relieving many cases of nasal deformity. The removal of angular or curved portions of cartilage without cutting away the mucous tissue is an operation giving rise to no great hemorrhage, although, of course, the bleeding is free.

I show to-night an elliptical section of cartilage, the result of an operation done by this method. In this case, as the members will see, I cut out a portion of the bone as well as of the cartilage, and I subsequently removed another small piece of bone at the back part of the nares, by using a saw pushed under the mucous flap. The small portion of bone attached to the elliptical strip in the specimen was removed by the incisions made with the tenotome. The anterior portion of the bone of the septum is so thin that it is easily cut through with a tenotome.

The relief of nasal obstruction was immediate and very satisfactory in this case.

**AN ANTIPYRIN INCOMPATIBLE.**—M. Tardy, a pharmacist, has observed that when antipyrin and carbolic acid are prescribed in the same mixture, an insoluble, oily liquid will separate and probably impair the properties of either or both of the constituents. The upper, or watery, layer appears to contain most of the antipyrin, and the lower oily stratum most of the carbolic acid, but both somewhat altered in odor and appearance.

## TREATMENT OF PNEUMONIA WITH ERGOT.

BY J. KNOX HODGE, M. D.,  
PRINCETON, ARK.

The controversy now going on in some of our best periodicals (notably the *MEDICAL AND SURGICAL REPORTER*) as to the propriety or impropriety of using powerful arterial sedatives in the treatment of pneumonia, is really perplexing to the busy practitioner, who adopts the most modern and most highly endorsed plans of treatment in this disease; using, with high authority, such remedies as aconite, veratrina, digitalis, etc., yet losing at best a considerable percentage of his cases.

In perusing Dr. Hiram Corson's second paper on pneumonia in the *REPORTER* for March 29, I am favorably impressed, and heartily concur with him in his condemnation of this class of remedies, but cannot follow him further and endorse his practice of promiscuous "blood-letting" in this formidable disease; yet, did I not possess a remedy superior in my judgment to either, I should confess that his objections to the powerful sedatives are valid, and his theory of venesection plausible, and I should adopt the latter as the lesser evil.

In ergot and its preparations, we have a remedy that meets the indications in any stage of the disease, especially the first and second, and which in my hands has been eminently successful in combatting the same. It is a fact long since established that this article possesses the peculiar property of producing contractile action of the non-striated muscular fibres of any distended vessel or organ, for example, the impregnated uterus, enlarged spleen, myomatous tumors, etc. The various stages of pneumonia present somewhat analogous physical conditions. In the first stage the blood-vessels are engorged with blood and the air cells filled and distended with a sero-mucous effusion; in the second, the condition of affairs is not materially changed, except that a plastic extravasation has taken place, and the air cells are still further distended with a concrete and bloody lymph; whilst, in the third, the plastic secretion has been supplanted by a purulent fluid. Is it not at least reasonable, then, that ergot, which possesses this peculiar contractile power in just such conditions, would be strongly indicated in reducing the abnormally distended

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blood-vessels and air cells to their normal caliber, and thus disgorging the diseased organ and terminating successfully a diseased condition, which otherwise so often proves fatal?

Now I would say to my brother practitioners, that this is not merely a theory, but has been put into practice by the writer, with the best and most satisfactory results, having previously for a period of several years resorted to the antiphlogistic treatment, both by blood-letting and by arterial sedatives with a much greater mortality. During the present season this disease has been unusually prevalent, appearing, too, in most cases, in an aggravated form; a great many of its subjects being previously debilitated by the ravages of epidemic influenza—yet not a single case under my treatment has proved fatal during a period of one year, since which time I adopted the foregoing theory and put it into practice. It is my custom when called in the first and second stages of pneumonia to prescribe the following:

R Ext. ergoti fluidi . . . . . f3 iv  
Tinct. gelsemii  
Vini antimonii aa . . . . . f3 ii  
M. Sig. Thirty drops every two hours, to be increased if necessary.

The object in using the mild and safest of all sedatives, gelsemium, is to adapt the heart's action to the sudden transition from a greatly distended to a much reduced and contracted caliber of the blood-vessels of the lungs, preventing too great frequency of pulsation, which would generate a high temperature, calling for antipyretics, which I rarely find necessary to use. The antimony exerts a special influence upon the skin, which I find a valuable adjunct in the treatment.

In a more advanced stage of the disease the foregoing prescription would be supplemented to meet the more prominent symptoms of the case. During the suppurative stage of the disease salol has proved of much value in my hands. I would admonish any one against doubting as to "whether a cure was ever effected in this stage of the disease." Should typhoid symptoms supervene, during the progress of the disease, the compound solution of iodine will prove most valuable.

Now the treatment of pneumonia as here given lacks but one thing to fully recommend it to the profession—it does not "furnish

opportunities for *post-mortem* investigations."

## INHALATION OF HEATED AIR.

BY JACOB R. LUDLOW, M. D.,

EASTON, PA.

Since the middle of June, 1889, I have been trying the hot-air treatment so highly extolled by Dr. Weigert, of Berlin. My experiments have not been exhaustive, nor as thorough as might have been desired, because I was never able to get patients to submit to sittings of two hours twice a day, as required by the Berlin practitioner. The best I could do was to get a half-hour twice a day, or about three-fourths of an hour once a day. In all, I have used it in six cases: three of phthisis of three or four years' standing, and three of what might be called incipient phthisis. The results, although not brilliant, were certainly not quite negative.

The inhalation of air heated to 280° F., raised the axillary temperature from one and one-half to two degrees. It can be used without harm or discomfort as high as 350° F. It produces a feeling of warmth in the lungs, chiefly of the diseased portions, rather agreeable than otherwise. It produces this feeling of warmth in the region of the stomach if there is coincident catarrh of that organ. It produces generally a feeling of heat over the whole body, rather uncomfortable, and sometimes followed by free sweating. It produces a huskiness of the voice which passes off entirely within an hour after using it. By continuous use the feeling of heat in the diseased lung, which is noticeable at first at a temperature of 212°, gradually becomes less, until 350° is easily borne. Two persons under treatment tell me they use it sometimes at 380° and 390° without discomfort; although I have generally advised keeping the heat at from 280° to 300°.

The three old cases were not cured; but they were not injured, and in some respects they seemed improved after using it three months. Two cases were subject to hemorrhages; but the hemorrhages were not oftener during its use than before. One patient developed a remarkable appetite after using it about two weeks, gaining strength, and was certainly better.

Of the incipient cases, two were suffering,



and had been suffering for some time, with cough and a marked dry, husky and stridulous voice. In both these cases, after about three months' use, once a day, the hoarseness and harshness of the voice disappeared, and the tone of voice became so much more pleasant as to be remarked by friends. One of these patients, after three months' treatment, went West and got married. The other came to my office about a month ago and reported herself better than she had been for years, with her cough gone, and, indeed, quite well; but she requested to keep the inhaler until warm weather, as she said that she found if she caught cold a few sittings would relieve her.

In the other case, the sixth, there was rhinitis with partial stenosis. I have used the hot air through the nose. It was noticeable that in one nostril the utmost heat that could be borne was  $180^{\circ}$ , in the other  $200^{\circ}$ . After a week  $200^{\circ}$  could be borne in both nostrils, and at the same time the air could be inhaled through the mouth at  $350^{\circ}$  easily, and the patient informed me that she had used it at  $390^{\circ}$  without discomfort.

The results are: a marked improvement in the general condition of the patient; an almost complete removal of the stenosis; a disappearance of the redness and puffiness of the nose, which has now a paler and more delicate look; and increased toleration of the hot air, which the patient can now use without inconvenience at  $270^{\circ}$  F., and which she informs me is followed by a free discharge from the nose, and by a subsequent feeling of marked relief and comfort. This patient informs me that her cough is nearly gone, her appetite good and that she considers herself quite well.

It must be understood that general medication was not suspended during the trial of heated air, either in this instance or in any of the others, so that the hot air is not the only factor to be considered. But my impressions are that it is not wanting in therapeutic value.

The last patient was examined by Dr. Curtin, of Philadelphia, who kindly communicated to me his views of her condition.

**SACCHARIN HARMLESS.**—The Supreme Sanitary Council of Vienna has recently published a report on saccharin, in which it is affirmed that no ill effect is produced on the human organism by that substance, and that it can be used as freely as ordinary groceries.

## SOCIETY REPORTS.

### AMERICAN MEDICAL ASSOCIATION.

*Forty-first Annual Meeting, at Nashville, Tenn., May 20-23, 1890.*

*Third Day, May 22.*

#### Hydrophobia.

DR. HAROLD N. MOYER, of Chicago, then read a paper entitled "Hydrophobia, a Clinical Study, with Statistics and Reports of Cases." The speaker objected to the word hydrophobia as misleading, and describing only a symptom and not peculiar to the disease under consideration. He preferred the term rabies. The author's conclusions are that there is a substantial identity between rabies, as seen in this country and Europe; that it is not a psychosis, and bears little or no relation to diseases of the mind.

DR. H. B. BAKER, of Lansing, Mich., read a paper on "Malaria, and the Causation of Periodic Fevers, showing their Dependence on Certain Meteorological Conditions." DR. GEORGE DOCK, of Galveston, Texas, read a paper on "Researches in the Etiology of Malaria and the Micro-organisms of Laveran."

In the Section of Obstetrics and Diseases of Women, DR. MARIE WERNER, of Philadelphia, read a paper upon the

#### Fistulous Escape of Ligatures after Abdominal Operations,

in which she advocated good drainage and detailed the dangers following abdominal section. Dr. Werner described two cases in which the stump ligatures were thrown off by fistulous tracts on account of leaving the drain too long time in place—eight days in one case, three weeks in the other. Statistics were read to prove that nearly every operator has had just this trouble.

A long discussion followed the reading of this paper.

#### Intestinal Obstruction.

In the Section of Surgery, DR. C. G. CARPENTER, of Stanford, Ky., read a paper on the necessity for early abdominal section in cases of intestinal obstruction.

DR. NICHOLAS SENN, of Milwaukee, advised immediate operation, not only after

diagnosis, obstruction would rest canal by creased va cause uni which tak condition enterorrh

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diagnosis, but as a means of diagnosis. In obstruction due to paretic inflamed bowel he would restore the continuity of the intestinal canal by lateral apposition—since the increased vascularization of the gut walls will cause union even more rapidly than that which takes place in normal intestines. The condition of the gut is such that circular enterorrhaphy is absolutely unjustifiable.

### Major Amputations.

The management of major amputations was then ably discussed by DR. JOHN A. WYETH, of New York. His address opened with the statement that the prevention of hemorrhage is of chief importance in these operations, and after this comes the preservation of as much of the limb as possible. The next paper was read by DR. H. O. MARCY, of Boston, upon "The Surgical Treatment of Biliary Obstruction." Several cases were carefully reported, and a *résumé* of the whole subject of the surgical management of this class of cases was given.

In the discussion of wounds of the abdomen, DR. SENN said that he did not think that every perforative wound of the abdomen indicated laparotomy. The indication for laparotomy is hemorrhage, as shown by the classical symptoms.

### Fourth Day, May 23.

The fourth day's session opened with the reading of DR. A. L. CARROLL'S address on State Medicine, by title.

### New Rules for the Association.

DR. BRODIE offered the following resolution, which was adopted:

Resolved, that at the next meeting of the American Medical Association, tickets for admission to the first two meetings shall be given each member upon the payment of his annual dues, the same to be shown at the door to a person appointed for the purpose.

Resolved, that the placing of all papers and periodicals in the seats for delegates or others, whether relating to the association or not be prohibited at the next meeting.

The following resolution by DR. HOLISTER was adopted: Whereas, certain parties, without authority, are presuming to make use of this association for the furtherance of advertising interests; therefore,

Resolved, that at all future meetings of

the association such publications be excluded from the places of meeting either of the general sessions or its sections.

Resolved, that in the future each Chairman of a committee of arrangements be directed to procure a copyright of the official programme to the end that the financial rights of the association may be protected by the due process of law. The following resolution, by DR. CULBERTSON, was presented: Resolved, that the following by-law be added to the by-laws of the association: that the State and geographical district societies in affiliation at this time with this association having a membership of 100 or more, shall be recognized as branches of the American Medical Association.

Resolved, that all members of said society shall enjoy all the rights and privileges now accorded the delegates.

Resolved, that the said organizations be overtured through our Permanent Secretary to take such action as will enable them to concur in these resolutions.

This resolution was discussed and endorsed.

DR. LOVE presented his resignation from the Board of Trustees of the Journal. President Moore was elected in his place.

The committee appointed to confer with the American Pharmaceutical Association recommended the following resolution, which was adopted:

Resolved, that the words *Materia Medica* be taken from the title of Section 1 and that a new section be formed to be entitled the Section of *Materia Medica* and Pharmacy, to have the same privileges as other sections of this association.

The following officers were elected for the new section: Dr. Frank Woodbury, of Philadelphia, Chairman; Dr. W. G. Ewing, of Nashville, Secretary.

### Medical Exhibit at the World's Fair.

The following resolutions passed by the Illinois State Medical Society were read and approved:

Resolved, that at the World's Columbian Exposition to be held in Chicago in 1893, there should be such an exhibit as will represent the history, progress and present status of the medical and allied sciences, and that this society hereby requests the American Medical Association as the largest and most representative organization of medical men in this country to take the

initiative and inaugurate such measures as will secure a creditable medical exhibit.

### Revision of Coroner's Laws.

The Committee on Coroners reported that they had examined the laws of the various States in regard to Coroners, and recommended the need of a revision of these laws. In most States the office is flagrantly neglected. It is too often considered a political position and incompetent men are allowed to fill it. They called attention to the fact that for some years the laws for Coroners in Massachusetts, Connecticut and a few other States had received the necessary revisions, and that the legal aspect of the office was not only properly provided for, but there was, in addition, a board of trained experts called Medical Examiners who looked after the more important medical and physiological features. They, therefore, recommended that the American Medical Association call the attention of the State Boards of Health to the necessity of a careful revision of the Coroner laws.

The following communication from the Tennessee State Druggist Association was then read:

Resolved, that a committee be appointed to lay before the American Medical Association the growing evil of prescribing secret and proprietary preparations by many members of the medical profession; that many of such preparations are frauds, the formulæ often stated on the label are misleading if not fictitious, and that all such preparations should be classed as secret, proprietary or patent medicines, and that the American Medical Association be petitioned to declare it against its code of ethics for any member of that body to prescribe any such preparation.

The President-elect, Dr. Briggs, was then introduced by the retiring President. The final motion to adjourn was then made.

**ALCOHOL IN BRITISH HOSPITALS.**—From a very interesting report presented to the British Medical Temperance Association it appears that there is a very marked decrease in the amount of alcohol prescribed in 113 hospitals from which a report was received. Collectively the decrease amounts to nearly 50 per cent. as compared with a period twenty-five years ago. There is no doubt that, as a rule, alcohol is too freely and frequently given to hospital patients.

## PERISCOPE.

### Succi, the Fasting Man.

At three o'clock in the afternoon of Saturday, April 26, the term of forty days which Signor Succi was to endure without eating any food came to its end, having begun at that hour of the day on March 17. The sequestered and canopied space in the Royal Aquarium at Westminster, prepared for his abode, has been daily visited by numbers of people, willing to pay an extra fee, and their curiosity has been gratified by seeing an Italian gentleman, of sallow complexion and evidently, though muscular, without an ounce of spare flesh, neatly dressed and seeming quite at his ease, sitting at a small table raised upon a platform, behind which is the bed where he sleeps at night. At a lower table sit two or three gentlemen supposed to look after the business, with whom may be associated some volunteer belonging to the medical profession—if not a qualified practitioner, it may be a student of the medical school of one of the London hospitals; but we are unable to state what official authority, from the recognized staff of any of those institutions, has made itself in any degree responsible for observing a case of such great scientific interest. The only professional gentleman who gives his name, so far, to authenticate the case is Mr. G. N. Robins, of 46 Marsham Street, M. R. C. S., London and L. R. C. P., Edinburgh, who signs a daily bulletin exhibited at the entrance, testifying the results of his examination, the accuracy of which there is no reason to doubt. For example, on Monday, April 21, the thirty-fifth day of this trial, it was certified, by the usual report of tests, that Signor Succi was "slightly weaker," that his pulse was 52, his respiration 19, his temperature 97.4, his weight 95 lb. 5 oz.; his muscular strength of hand-compression, by the dynamometer, equivalent to 47 kilogrammes; and his lung-power, by the spirometer, 1500 cubic centimètres. It was further stated that he had remained in bed all day on the Sunday, and in the night had slept, at intervals, about seven hours and a half; that he had drunk, in the day, ordinary water to the amount of 15½ oz. weight, besides 10 oz. of Kaiserbrunnen alkaline table-water; that an emetic of warm water had been administered, causing a return of 8½ oz.; and that an enema had been applied, at ten in the morning, the result of which was speci-

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fied. We are told, by those who conduct the exhibition, that Signor Succi has eaten nothing, and has not taken, in any way, a particle of nutritious food, since March 17; and, though it is generally not easy to prove a negative, they may be prepared with evidence that would satisfy a jury of the truth of this assertion. In the meantime, some people will suspend their judgment; and the evidence, when fully set forth and authenticated, to the effect that Signor Succi cannot possibly have taken food, must be criticized by the ordinary rules of historical or judicial inquiry. Without anticipating the verdict of public opinion we present two illustrations of this remarkable affair, leaving our readers to think of it as they may. Giovanni Succi, who is thirty-seven years of age, is a native of Cesenatico, in the province of Forli, in the Romagna; he is son of a sailor, and was brought up to a sea-faring life, but had some college education, and became a banker's clerk in Rome; he afterwards traveled extensively in East Africa, was employed as commercial agent at Zanzibar, in 1880, by the Italian African Company, visited the Comoros Islands and Madagascar, the Portuguese dominions, Natal and the Cape. He invented an elixir, distilled from herbs, of which he is allowed to take twenty or thirty drops every day in his fasting trials, as it contains no nutritive matter, but is only an anodyne. The newspaper accounts of his repeated abstinences from food at Milan, Paris and Florence, during thirty days on each occasion, likewise at Barcelona, Madrid, Lisbon, Rouen and Brussels, since 1886, have gained celebrity; and the Academy of Florence awarded him a diploma of scientific merit. If his pretensions should be endorsed with equal authority in London, after the investigation and discussion that ought to follow this forty days' exhibition at the Westminster Aquarium, Signor Succi's fame will have been secured all over Western Europe. There are no signs of his being likely to kill himself by these experiments. The close confinement, day and night, to a gas-lighted, ill-ventilated apartment in the Royal Aquarium might have been expected to injure his health; but we do not hear that it is so. He has lost weight 30 lb. 14 oz. and three-quarters of an inch height. Signor Succi is a smoker, and is permitted to solace himself with a pipe or cigar whenever he pleases, but does not smoke so much as he used to do. He talks little, but reads the news-

papers, and writes autographs for sale with copies of his portrait. An attendant showman discourses to the crowd of visitors. The managing director of the Aquarium says he cannot, if he would, force Signor Succi to take food. We feel sure that Signor Succi will never die of starvation, however long may be the periods of his fasting exhibitions in future: he knows very well, all the time, what he is doing to himself.—*Illustrated News of the World*, May 10, 1890.

### Adulteration of Food.

In his annual address, delivered Jan. 23, 1890, before the Chemical Society of Washington, the retiring president, Mr. Edgar Richards, said that, from want of reliable information in regard to the materials employed in most new food products, there is a general feeling of uncertainty and insecurity on the subject. People, as a rule, imagine that any substance used as an adulterant of, or a substitute for, a food product is to be avoided as itself being injurious to health; and when they hear that a certain food is adulterated, or is a food substitute, there is immediately a prejudice excited against the article, which it takes time and familiarity to allay. A moment's reflection ought to show that it would be directly contrary to the food manufacturer's interest to add to, or substitute anything for, a food product which would cause injurious symptoms, as in that case his means of gain would be cut off by the refusal of consumers to buy his product. It is true that the unscrupulous manufacturer or dealer does not hesitate to cheat his customer in the interest of his own pecuniary profit and gain, but he does not want to poison him. Where, through carelessness or ignorance, injurious substances, such as the arsenic, copper, aniline, and other metallic and organic poisonous salts sometimes used for artificial colors, are added to foods, their presence is promptly revealed by the dangerous symptoms which they call forth in the consumer. About a year ago some Philadelphia bakers added chromate of lead to color their cakes, and caused the death of several persons, and serious illness in nearly every one who ate any of these products.

The great majority of substances used for food adulterants or substitutes consist of cheap and harmless substances, which are not injurious to health, as the following list of those most commonly met with in the

principal food products will show. This list has been compiled from the reports of the State boards of health, the returns of the British Inland Revenue Department, the reports of the British Local Government Board, and those of the Paris Municipal Laboratory.

*Food Products and their Chief Adulterants.*

FOOD PRODUCT.	ADULTERANTS.
Milk . . . . .	Water, removal of cream, addition of oleo-oil or lard to skimmed milk.
Butter . . . . .	Water, salt, foreign fats, artificial coloring-matter.
Cheese . . . . .	Lard, oleo-oil, cottonseed-oil.
Olive-oil . . . . .	Cottonseed and other vegetable oils.
Beer . . . . .	Artificial glucose, malt and hop substitutes, sodium bicarbonate, salt, antiseptics.
Syrup . . . . .	Artificial glucose.
Honey . . . . .	Artificial glucose, cane sugar.
Confectionery . . . . .	Artificial glucose, starch, artificial essences, poisonous pigments, terra alba, gypsum.
Wines, liquors . . . . .	Water, spirits, artificial coloring-matter, fictitious imitations, aromatic ethers, burnt sugar, antiseptics.
Vinegar . . . . .	Water, other mineral or organic acid.
Flour, bread . . . . .	Other meals, alum.
Baker's chemicals . . . . .	Starch, alum.
Spices . . . . .	Flour, starches of various kinds, turmeric.
Cocoa and chocolate . . . . .	Sugar, starch, flour.
Coffee . . . . .	Chicory, peas, beans, rye, corn, wheat, coloring-matter.
Tea . . . . .	Exhausted tea-leaves, foreign leaves, tannin, indigo, Prussian blue, turmeric, gypsum, soap-stone, sand.
Canned goods . . . . .	Metallic poisons.
Pickles . . . . .	Salts of copper.

The use of flours and starches of various kinds—wheat, corn, rye, peas, beans, etc.—as food adulterants cannot be considered injurious to health. However much the public may be cheated in the purchase of such adulterated articles of food, as ground spices, coffee, etc., they are not poisoned by their consumption. It is a question how much a purchaser is himself to blame, in his endeavor to secure a "bargain," when he demands so great a quantity of any given material at less than it can be purchased at wholesale in the market, that he compels the unscrupulous manufacturer to make a com-

pound which has never more and generally less than the proportion of the genuine material represented by the price asked.

Many articles of food spoil in transportation; and, under the plea of preventing further fermentation, resort is had to antiseptics, such as salicylic acid, sulphite of soda, borax, etc. These deserve mention as being additions to foods of a class of substances used to cloak carelessness in manufacture and otherwise, and producing in many cases deleterious effects on the human economy. In France and Germany the use of such antiseptics as salicylic acid in food products is prohibited, although in the latter country such addition is tolerated when the food product is exported to countries where such use is not prohibited.—*Science*, Feb. 7, 1890.

**Hunterian Chancre of the Face.**

On the invitation of Dr. White, Mr. Frederick Treves, of London, delivered a clinical lecture to the Ward Class at the University Hospital, in which he described a case of Hunterian chancre of the face as follows:

"This patient is exceedingly interesting from several points of view, and particularly as showing how little reliance should be placed in the history of disorders as ordinarily given. She comes to us to-day with two large ulcers upon the surface of the left cheek—one, the size of an infant's palm, placed immediately in front of the ear; the other, not larger than half-a-dollar, separated from the larger granulating surface by half an inch of apparently healthy skin. We are told that these ulcers began five weeks ago as slight pimples, and have grown steadily worse in spite of treatment. On examination it is found that they have densely indurated and sharply circumscribed bases; that the secretion from them is comparatively slight; that the chain of lymphatic glands running down the neck is enlarged, each gland being felt as a hard, round globule. On further examination we find an efflorescence covering the greater portion of the body. This eruption presents the following characteristic appearance: It is rounded in form. It is unattended by itching. It is coppery in color. It is symmetrically placed, and it is polymorphous, that is, while in one place we have maculæ, in another papules are seen, or the eruption may still take other forms.

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"With clinical symptoms such as these, your diagnosis is absolutely certain. Whatever be the social position of your patient, whatever be the history given you, you have here the characteristic features of the Hunterian chancre, with the early secondary eruption just beginning. The poultice which this patient has applied to her ulcers should be at once replaced by some form of mercurial dressing. She should be placed upon small doses of mercury internally, and under this treatment we can promise a speedy cure. With such a lesion as this you would of course expect much deformity, and in answer to the patient's question upon this point, you would naturally say 'Yes; there will probably be a considerable scar following the cure of this lesion.' As a matter of fact, however, in two or three years you will scarcely be able to perceive the seat of these large ulcers. I have seen cases more marked than this where, after the duration of some time, a casual observer would fail to notice that there had been any lesion. The character of the chancre is influenced greatly by its position, and the appearance of this one is quite typical of those found upon the face."—*University Medical Magazine*, Feb., 1890.

#### Successful Removal of a Cancerous Tumor from the Pancreas.

Professor G. Ruggi, of Bologna, has recently reported a case in which he successfully removed a cancerous growth from the pancreas. The patient was a woman, aged 50, who had suffered for some time from swelling of the abdomen, which caused great discomfort and occasionally severe pain. Though still well nourished, she had lost flesh considerably; the digestive functions were much disordered, but all the other organs seemed to be perfectly healthy. The patient suffered from profound mental depression, which she said was worse than her bodily sufferings. On examination the abdomen was found to be uniformly distended by fluid in the peritoneum, and two tumors could be felt, one above the other, with a distinct line of demarcation between them. The lower one was continuous with the body of the uterus, and was judged to be a fibro-myoma. The upper mass occupied the left colic and hypochondriac regions, and extended in front towards the umbilicus. Its posterior

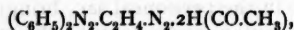
extremity corresponded to a prolongation of the mid-axillary line, and the anterior to a prolongation of the parasternal line. The tumor measured ten inches in its long, and five inches in its short, diameter. If the patient lay down with her shoulders lower than her pelvis the tumor disappeared under the arch of the ribs, returning to its natural position when she sat up. Vaginal examination, whilst confirming the diagnosis with respect to the lower tumor, threw no light on the origin or relations of the upper one. The spleen, kidneys and liver were normal to palpation. A provisional diagnosis of retroperitoneal adeno-sarcoma was made, and laparotomy was performed on September 4, 1889. The patient having been placed on her right side the abdomen was opened by a lateral transverse incision just under the left costal arch. In attempting to separate the tumor from the peritoneum, to which it was adherent in front, the peritoneal cavity was opened, and a quantity of yellowish fluid escaped. The mass was then drawn through the hole in the peritoneal sac, bringing with it the omentum and a loop of the small intestine surrounding the lower and inner end of the tumor. The latter was soft, like brain substance, and broke down under the fingers, but the operator was able by degrees to pick it off the intestine to which it was attached, a catgut ligature being applied here and there. The adhesions to the omentum were firmer, and that structure had to be divided into bundles, which were tied separately and cut through. The tumor when brought away was a shapeless mass of pulp, bearing no resemblance to the normal pancreas. The peritoneal cavity was carefully cleansed, and drainage-tubes placed in the posterior part of the wound. The front part healed by first intention, and the patient made an excellent recovery, being discharged cured on October 26. Her appetite was excellent, and the deep depression from which she had suffered before the operation had entirely disappeared. Recent accounts state that she is still in perfect health. The fragments of the growth removed weighed twenty ounces; microscopic examination proved it to be a glandular cancer. Professor Ruggi thinks that little or none of the affected organ was left behind; the opening into the duodenum was certainly destroyed. The patient's digestion, however, is perfect, although no particular precautions have been observed as to diet.—*British Medical Journal*, March 8, 1890.



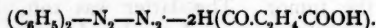
### Orthrine—a New Antipyretic.

The *American Druggist*, April, 1890, quoting from the *Chemist and Druggist*, says:

Under this name, Prof. Kobert recommends as an antipyretic a new derivative of phenylhydrazin, which has been obtained by the combination of hydrazin with paraoxybenzoic acid. This new body, orthohydrazin-paraoxybenzoate, is very unstable, but unites with hydrochloric acid, forming the hydrochlorate of orthrine, which is stable. Clinical experiments made with the new antipyretic by Prof. Unverricht show that, in 30 to 50 c.c. doses, orthrine acts in typhoid fever, pneumonia and articular rheumatism generally with great energy; but it is uncertain, and its advantages are slight compared with its disadvantages, amongst which are profuse perspiration, collapse and symptoms of intoxication. Michaelis has recently mentioned two other hydrazin derivatives which possess antipyretic properties; these are acetylethylenephylhydrazin,



and ethylenephylhydrazin succinic acid,



These two substances are yet on clinical trial, and it is to be hoped that they will have shorter names if they are to go down to posterity.

### Simple Remedy for Thrush and Sordes.

A very simple and efficacious remedy for thrush and sordes was suggested by Mr. W. Theophilus Ord, of Bournemouth, England, in the *Lancet* last year. He says the following lotion, applied frequently with a feather or brush to the white patches, kills the oïdium albicans more quickly than any other he knows, and removes the patches after a few applications, leaving healthy mucous membrane. It consists of equal parts of black-wash and glycerine mixed. The quantity used is so small as to be quite harmless. Another condition in which he has found the same lotion valuable is that of sordes on the teeth, lips and tongue in many cases of enteric fever. It cleans these parts as if by magic, and renders that unpleasant process known as "scraping the tongue" quite unnecessary. It may also with advantage be painted over the fauces in unhealthy conditions of the throat common in typhoid.

He tried it in one case of catarrhal stomatitis, but it had no effect, whereas chlorate of potash effected an immediate cure. Also in the sordes of advanced phthisis it seemed to be of no use. Part of the beneficial influence of the application is, no doubt, attributable to the glycerine.

### Boroglycerine Cream.

The following formula for boroglycerine cream appeared in the *Chemist and Druggist*, April 26, 1890: Dissolve 15 grains of boric acid in 4 fluid drachms of glycerine, using a little heat to aid solution. Set aside to cool, and meanwhile melt together 80 grains of anhydrous lanoline and 2 oz. of vaseline, coloring the fatty mixture with a  $\frac{1}{10}$  grain of alcanin. Incorporate the boroglycerine and perfume with 1 drop of otto of rose and 1 drop of bergamot. This preparation is, according to Dieterich, who has devised the formula, equally suitable for the hands, lips, etc.

### Hot Fomentations in Atrophy of the Optic Nerve.

A case of atrophy of the centre of the optic nerve is reported by Dr. Segall in the *Lancet*, May 3, 1890, in which, after mercurial inunctions and strychnine injections had been employed with only very temporary benefit, the application of hot fomentations two or three times a day to the occiput for fifteen minutes at a time produced a very marked improvement, the amount of vision being doubled. A still more marked improvement was noted when fomentations were applied simultaneously over the closed eyes. Unfortunately, however, the good effect of the fomentations was, like that of the more usual forms of treatment, of but very limited duration.

### Menthol in the Vomiting of Pregnancy.

L. Weiss, in the *Therapeutische Monatsshefte*, quoted in the *National Druggist*, May, 1890, says the following has proved very efficacious in his hands:

R	Menthol . . . . .	ʒi
	Alcohol . . . . .	f ʒ iiss
	Simple syrup, q. s. ad . . . . .	f ʒ vii

Mix. Dose: A teaspoonful every hour until relieved.

# THE MEDICAL AND SURGICAL REPORTER.

ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,  
EDITOR AND PUBLISHER.

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Make communications as short as possible.

NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

## OBJECTIONABLE CENSUS QUESTIONS.

Dr. Benjamin Lee, Secretary of the Pennsylvania State Board of Health, has sent to the editorial office of the MEDICAL AND SURGICAL REPORTER a circular addressed to physicians in Pennsylvania, in which he urges them to answer what we termed "Objectionable Census Questions," in an Editorial in the issue of June 7. Dr. Lee says: "An opportunity is afforded in connection with the taking of the census by the United States Government, of obtaining statistical information which cannot fail to be of extreme value to the State, as regards the physically defective classes which compose a portion of its population. The State Board of Health, to which has been confided the duty of superintending the collection of vital statistics in this Commonwealth, is de-

sirous that these returns should be as full as possible."

Dr. Lee goes on to explain that he has written to the Census Office and got an assurance that the returns of physicians will not be made public, and he urges physicians to answer.

When speaking on the subject, on June 7, we gave what we regard as a sufficient reason why physicians should not answer the objectionable census questions; but we will add something to what was then said.

We do not share the generous opinion of Dr. Lee that it is safe to confide to the census enumerators or clerks the secrets of those who have trusted to our honor as medical men. On the contrary, we think no physician is warranted in committing these confidences to such men as some are who do the census work, even on the assurance of the authorities that they will not tell. There has been a good deal said about the heavy fine to be imposed on an enumerator who reveals what is told him. But, is there any man of average intelligence who would like to have an enumerator know that he has syphilis, for example, and take the chance of having him detected in revealing the fact or punished by the great United States Government in case he should tell of it to another, now or after the lapse of a few months? Supposing these secrets are sent direct to Washington and burned up, after being tabulated, as we are told they will be: what right has any physician to send to a lot of clerks gathered from different parts of the country a set of papers in which—if they are to have any value—they must carefully study the names and addresses of those reported as defective or diseased? Would any man feel like trusting his own secret to the chance that it would not be carefully remembered, and perhaps some day divulged by a clerk who came from his own neighborhood? And, is any medical man justified in making such a revelation of another's secret possible? By no means; and let no medical man do it! On this ground alone,

we again urge the readers of the *REPORTER* to let the census men have no share in their professional secrets.

But, besides this, we have no notion that the census statistics of physical defects and diseases will have any value at all as statistics. Those who know the way in which census statistics are collected, and who have any knowledge of human nature, will know that on this head they will be somewhat worse than useless, because there will perhaps be a few persons who think they have some value. If they are utterly discredited they cannot do harm; but if they are trusted at all, they surely will.

It would have been much better if Dr. Billings—who, we are informed in a circular from Washington, dated June 4, is “now absent”—had never prompted the introduction of such foolish and impossible questions, or if the census officers who are still in the country were to back squarely down about them, and acknowledge the mistake that has been made.

Certain we are that nothing can be gained by pushing them, and we hope that the attitude of the medical profession on this occasion will make it impossible for another census to be made the occasion of such a blunder.

#### PHYSICIANS AND INTEMPERANCE.

Not long ago the Philadelphia daily papers recorded at considerable length the circumstances connected with the death of two comparatively young men, who fell victims to the excessive use of alcoholic stimulants. One of these was a business man of fine culture, occupying a responsible position, and of entire financial integrity; the other was a medical man of considerable ability, of reasonable industry, and who had had every opportunity of becoming successful as a practitioner and as a writer. As is customary in such cases, every effort was made to lessen the painfulness of the circumstances to the families of those who died. This is an indication of kindness of heart which

does credit to the managers of the newspapers, but we doubt if it is in the line of wisdom; for it appears as if, in this day, too much were done to remove the burden of responsibility for one's actions from the individual who does wrong to those who surround him, or to the circumstances in which he is placed, and that there is entirely too much fear and unwillingness to speak plainly in regard to wrong-doing, in order to warn those who have not already committed themselves to unfortunate ways and to maintain a strict standard of uprightness. For this reason we refer to these deaths, and especially to the one of the physician mentioned, who began to be a slave to alcohol and to opium several years ago, and whose downfall appears to have been a gradual progression. He came to be more and more intemperate, until, in consequence of shameful conduct on his part while grossly intoxicated, his career terminated in a helpless fall down a flight of stairs, a fracture of the skull, a hospital bed, and a Coroner's inquest.

The plain statement of one case, like this, ought to exert an influence upon medical men who are in any danger of being beguiled to the habitual use of any alcoholic or narcotic stimulant. None know so well as we do the insidious approaches by which these enemies of mankind obtain control over the most promising and sometimes the apparently most virtuous. And none should so strongly combat the practice, into which physicians themselves sometimes fall, of habitually using these things for the relief of conditions which a little patience and endurance would enable them to surmount without artificial aid. And above all, physicians ought to understand that they, least of all, have a right to expect that the cover of euphemism should be thrown over their weakness and their wrong-doing, if, with all the light that they have on this subject, with all the examples that are continually coming under their notice, they themselves become addicted to habitual excesses.

It is painful to have to record such cir-



cumstances as we have referred to above, but if doing so shall be of any service to any member of the medical profession, young or old, the occasion will not have been misused.

#### TREATMENT OF OBSTINATE CONSTIPATION BY DILATATION OF THE ANUS.

All physicians recognize the importance of keeping the bowels, the great sewer of the body, in an active condition. The moment they become sluggish, the fecal matter which should be expelled promptly begins to be reabsorbed and gives rise to various local and reflex irritations. Few, however, have thought of employing forcible dilatation of the anus in even the most obstinate and rebellious cases of constipation. The measure appears at first sight unnecessarily heroic; but, as it is urged by Monod, a well-known French surgeon, it cannot be passed by with a mere shrug of the shoulders.

In the *Annales de Thérapeutique Médico-Chirurgicales*, March, 1890, Monod relates in detail the history of two cases in which this operation was performed with marked success. In the first case, a woman forty-five years old had suffered for some years with digestive troubles, which she thought were due to a tumor of the bowel. Digestion was disturbed by swelling of the belly and eructations, with a feeling of weight in the lower part of the abdomen, and with constipation alternating with diarrhoea. On examination of the rectum, Monod found that the tumor was an enormous lump of hardened feces, the presence of which had not been suspected because there had been no sign of obstruction of the bowels recognizable by the patient, as the fecal matter, rendered fluid by repeated purgatives, slipped over the hard mass. After dilating the anus instrumentally, the mass referred to was broken up with the fingers and was removed, together with a vast number of scybala. A laxative given in from twenty-four to forty-

eight hours completed the clearing out. As six years have elapsed since the operation, and the patient has had no return of her troubles, there is some ground for regarding it as curative. Of course, however, careful instructions were given regarding the regulation of the diet.

In the second case, a woman, fifty years of age, suffered with habitual constipation and various digestive troubles brought about by it. The use of repeated injections and laxatives, or, in their absence, the passage through the rectum of hard fecal matters had induced a condition of habitual irritability of the anus, never, however, amounting to the cutting pain of fissure. Monod dilated the anus; and the patient's distressing symptoms disappeared and gradually she was able to do without laxatives.

Monod says these are not the only cases of the kind he could cite. They are sufficient, however, to illustrate the fact that some cases of constipation depend upon a local removable lesion of the lower part of the rectum and of the margin of the anus, which can be remedied by dilatation of the anus. This treatment must necessarily have a very limited range of applicability, but it certainly appears worthy of consideration in the management of cases in which constipation is the result of habitual spasm of the sphincter ani, set up by hemorrhoids, fissure, eczema or—as apparently in the first case—by an impassable ball of hardened feces.

—The Philadelphia Board of Health has adopted a series of new rules, relative to the interment of bodies, registration of deaths, etc., to go into effect July 1. Under the new rules no interment will be allowed without a permit from the Board, instead of permitting the certificate of death to serve as a permit for interments, as at present. A new rule is provided extending the office hours of the Registration Office. Another rule requires that all coffins, etc., used to carry a body to any crematory must be burned at once at the same place.



eye, ear, teeth, skin, female genital organs and orthopedics, which were contributed by special authorities, have been omitted, but the same order of arrangement in other respects has been followed.

The first part of the book is very properly devoted to General Pathology and Surgery, under which are included diseases of nutrition, diseases of the blood, diseases of contagious origin, and diseases of the nervous system. The second part of the book, on Special Pathology and Surgery, is taken up with injuries and diseases of textures, and injuries and diseases of organs and regions. Under the heading of Injuries and Diseases of Textures, in addition to skin, nerve, tendon, muscle and bone, etc., the author includes lymphatics and glands, veins, arteries, bursæ and joints. The special regions treated of are the neck, thorax and abdomen. The systematic arrangement adopted and the minute subdivision of the subjects in the table of contents (which covers thirty-four pages), make the absence of an alphabetical index a less serious fault than it would be otherwise.

The book is an excellent guide for students, in spite of the fact that some of the methods of treatment which the author advocates have now been superseded by better. The publishers have maintained their reputation by presenting it in handsome style.

## LITERARY NOTES.

—Emperor William has summoned a conference of eminent scholars to discuss the subject of a fixed uniform German orthography. The conference will be held in Berlin. Austria and Switzerland have been asked to send delegates.

—During the past two years from eight thousand five hundred to nine thousand manuscripts were annually submitted to *The Century Magazine* for publication. This is an increase over previous years, and does not include the hundreds, perhaps thousands, of propositions submitted with regard to articles. As there has been an increase in the number of periodicals published in America of late years, and as the newspapers are publishing more contributions than ever by writers not on the regular staff, it is evident that there has been an increase in literary activity at least in proportion to the increase in population.

—Some time ago we called attention to what we considered a fault in *Harper's Young People*, namely, the publication of a class of articles which might tend to injuriously affect children's nerves. In justice, we must now however say that the style of stories to which we took exception no longer find their way into *Harper's Young People*. The publication is instructive, interesting and innocent, and contains nothing that could harm any child's mind or nerves.

—The J. B. Lippincott Company announces in press an important work on *Regional Anatomy in its Relation to Medicine and Surgery*, by George McClellan, M. D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy. The work will contain about 100 full-page illustrations reproduced from photographs of his own dissections, taken by the author and colored by him after nature. It will be in two volumes of 250 pages each, large quarto size. The object of the work is to convey a practical knowledge of regional anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent

and reliable information regarding anatomy, in its medical and surgical relations. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic a manner as possible. The first volume will be ready for publication about December 1; and the second volume is expected to appear shortly thereafter. The work will be sold by subscription only.

## CORRESPONDENCE.

### Peroxide of Hydrogen.

TO THE EDITOR.

Sir: The very practical character of the paper on peroxide of hydrogen by Dr. Noble in the issue of the *REPORTER* of May 10, prompts me to remind its readers that this preparation deserves more than a passing notice. Dr. Noble remarks that the use of this remedy has been limited and that "the opinion expressed by many concerning its value has been uncertain, or certainly not laudatory." While it is true that a number of practitioners who have used the remedy is comparatively limited, the conclusion is scarcely warranted that its applications are limited, even if the expressed opinion has been somewhat uncertain. The reason for medical men being cautious regarding their views as to the value of peroxide of hydrogen arises from the fact that its employment amongst the laity has been conducted under the management of what are termed "quacks," or doctors who advertise, and as doubtless many of these persons have taken it under the expectation that it would cure maladies which are manifestly incurable, the doctor was apparently warranted in saying that it could not possibly be a cure-all, as some of the patients died.

For the purpose of bringing the matter more forcibly to the attention of the readers, permit me to quote from my work upon *Materia Medica*, which was reviewed in the columns of the *REPORTER* March 15, 1890: "As compared with other antiseptics, it is claimed that the dioxide is forty per cent. more potent than mercuric bichloride, twenty times as powerful as salicylic acid and sixty times the activity of carbolic acid. . . . The topical uses of this remedy will include the local use by means of the spray or otherwise, in all such morbid conditions as gangrene, boils and carbuncles, indolent ulcers and carcinoma; also it may be used locally in venereal diseases. Shelly (*Practitioner*,



London, 1884), speaking of the local use of the dioxide, says, 'It is interesting to watch the action when a few drops of the proper solution are brought in direct contact with pus corpuscles.' A brisk effervescence at once commences and continues until all the pus is destroyed, and upon the basis he has suggested that it might be used for the detection of pus in the urine. Such qualities would naturally commend it to the attention of the gynecologist, the ophthalmologist and laryngologist." (This will serve to account for the peculiar experience which was noted by Dr. Noble when the solution was used for the disinfection and irrigation of the wound, when the patient experienced a sensation as if a soda-fountain was inside her.)

"In gynecological practice, a vaginal tampon may be prepared of absorbent cotton and introduced into a gelatin capsule along with the solution of the dioxide and a little glycerine, with the best results. . . . The above-described tampon may be used to good advantage by simply saturating the cotton with the ordinary fifteen-volume solution; but in introducing the tampon the necessary pressure will have a tendency to remove the greater part of the preparation, while by the use of the capsule, which will readily dissolve, the solution can be placed in the desired position."

The foregoing extracts are made simply for the purpose of emphasizing the article to which I have referred, and may be the means of attracting the attention of others whose opinions are still uncertain.

Yours truly,

JOHN AULDE, M. D.

1910 Arch street,  
Philadelphia.

## NOTES AND COMMENTS.

### Quantitative Determination of Sugar in the Urine.

Dr. Charles W. Purdy, of Chicago, writes as follows in the *New York Medical Journal*, March 8, 1890, on quantitative testing for sugar in the urine:

I am sure it will be generally admitted that the methods of quantitative testing for sugar in the urine which have heretofore been in vogue require remodeling in order to meet the practical requirements of those engaged in active practice. Most, if indeed not all, the tests brought forward thus far

are either complicated and time-consuming, unstable, or inaccurate, and therefore very far from perfect for practical purposes. Thus the fermentation test requires twenty-four hours' time to determine the quantity of sugar present; and with all possible care and precaution the results are by no means accurate.

Fehling's solution—the one perhaps most generally depended upon—is notoriously unstable, and consequently requires to be freshly prepared in order to be trustworthy. But, even when freshly prepared, Fehling's solution has been by no means satisfactory in my hands. The precipitation of yellow suboxide of copper renders the solution, when testing, so turbid that it is impossible to determine the precise point when the blue color is all discharged. The method advised to overcome this difficulty, by adding the urine little by little and then waiting for the precipitated suboxide to settle, consumes a great deal of time, and, moreover, it only in part remedies the defect referred to.

Dr. Pavy suggested the addition of ammonia, which holds the suboxide in solution, and this very much improves the working of the test. Unfortunately, however, Dr. Pavy's solution is even more unstable than Fehling's, and it is only possible to use it a few times before it becomes useless.

The chief difficulty with both Fehling's and Pavy's test solutions is the fact that the tartaric salt which they contain is very unstable, and cannot be put up in permanent form with strongly alkaline solutions of cupric sulphate. Now, the chemical principles upon which these tests are founded demand that some organic product should be present in the alkaline solution of copper, in order to prevent precipitation of the blue protoxide of the latter which would otherwise occur; and the tartaric salt usually employed for this purpose renders this solution unstable.

Acting in part upon the suggestion first made, I believe, by Schmiedeberg, that the substitution of pure mannite or the potassic or sodiac tartrate renders the copper solution more stable, I have, by the addition of glycerin, which answers this purpose still better, constructed a formula for a test solution which is entirely stable, simple and rapid in application, exceedingly accurate in results, and, on the whole, admirably adapted for clinical purposes. The formula is as follows: Sulphate of copper, 4.15 grammes; pure mannite, 10 grammes; caustic potash,

20.4 grammes; strong ammonia (sp. gr. 0.880), 300 c. c.; pure glycerin, 50 c. c.; distilled water sufficient to make 1 litre.

The solution should be prepared as follows: Dissolve the sulphate of copper in part of the water and add the glycerin and mannite. In another portion of the water dissolve the caustic potash. Mix the two solutions, and when cold add the ammonia. Finally, with distilled water, bring the volume of the whole to 1 litre and carefully filter.

The principle upon which the application of this test depends is the fact that a solution of cupric sulphate of definite strength, combined as in the formula, is reduced at the boiling point by a definite quantity of grape sugar, causing the complete disappearance of the beautiful blue color and leaving a perfectly clear and colorless fluid as the result. Thus 25 c. c. of this solution are reduced by exactly one-quarter of a grain of grape sugar. The test should be applied as follows: Into a four-ounce glass flask are poured 25 c. c. (f3vi) of the test solution, to which are added 50 c. c. (f3jss.) of distilled water, and the whole is heated to the boiling point over a spirit lamp. A pipette, graduated in minims and holding not less than half a drachm, is now filled with the saccharine urine, and as the test solution begins to bubble lightly the urine is slowly discharged from the pipette—drop by drop—into the test solution until the blue color completely vanishes and leaves the solution perfectly colorless and clear. The number of minims it took to discharge the blue of the test solution contained just one-quarter of a grain of sugar. By multiplying this number of minims until the product is 480 (one ounce), the multiple thereof is the number of quarter-grains of sugar to the ounce, which, if divided by 4, gives the number of grains of sugar in each ounce of the urine submitted to the test. Any one may readily prove the accuracy of this test as follows: Bring 25 c. c. of the test solution in 50 c. c. of distilled water to the boiling point in a glass flask. Then fill the pipette with a solution of pure grape sugar in water of known strength—say eight grains to the ounce. Still better is the addition of eight grains of grape sugar to one ounce of normal urine, and as the test solution is slowly boiling discharge the sugar solution from the pipette into the boiling fluid drop by drop, when it will be seen that exactly fifteen minims of the sugar solution com-

pletely discharge the blue color of the test solution; therefore fifteen minims of the solution contained one-quarter of a grain of sugar, the exact proportion of a solution of the strength of eight grains to the ounce.

*Precautions advised.*—In testing, the blue solution should be raised to the boiling point and kept *slowly boiling*, not *violently bubbling*; and the urine to be tested should be *slowly discharged* from the pipette, drop by drop, two or three seconds elapsing between each drop, in order that the precise quantity may be determined which completely eliminates the blue color of the test solution.

The advantages which I have found from this test are:

1. Its rapidity of application. As a rule, the quantity of sugar in a given sample of urine may be determined in from five to ten minutes.
2. Its accuracy. When sugar is present in the urine in the usual clinical range of from two to thirty grains to the ounce, the quantity may be determined within from one-tenth to one-twentieth of a grain.
3. Its perfect cleanliness and simplicity of application. No copper products cling to the utensils (as in Fehling's test) or obscure the chemical reactions from view; and the apparatus is of that simple kind usually kept in the physician's office.
4. Its stability. This solution is quite stable, and, if the bottle containing it is corked to prevent the escape of the ammonia, it will keep almost indefinitely.

I shall have something further to say upon both qualitative and quantitative testing for sugar in urine in my forthcoming work on diabetes. In the meantime, as I have been repeatedly asked for my method of quantitative determination of sugar in the urine, the process is as above given.

#### Symptoms of Poisoning by Corrosive Sublimate used as an Antiseptic.

Dr. E. W. Mitchell, in the *Cincinnati Med. Journal*, March 15, 1890, says: Since corrosive sublimate is frequently used as an antiseptic it is so important that the practitioner should be familiar with the symptoms of its toxic action. Probably some cases of death resulting from its employment in vaginal or inter-uterine injections might have been avoided if the early symptoms of poisoning had been properly interpreted.

The symptoms which have been observed in obstetric practice are summed up by Dr. Garrigues in a paper in the *American Journal of the Med. Sciences*, on corrosive sublimate and creolin, as follows :

*The alimentary canal*—thirst, foul breath, metallic taste, red or bluish color and swelling of the gums; redness, ulceration and sloughing of different parts of the mucous membrane of the buccal cavity; deep ulcers in the tonsils; soreness and looseness of the teeth, and sometimes salivation; vomiting, abdominal pain, tenesmus; profuse stinking, often bloody diarrhoea. The feces contain mercury. It has been found in numerous cases, after vaginal or intra-uterine injections of a solution of 1.300, followed by the injection of plain water. Even when the solution was so weak as 1.400, it was found in one case, but not in the others. In the majority of cases it is already found the next day; and it is yet found a long time after discontinuing the use of the bichloride.

*The Uropoetic System.* There is a marked diminution in the amount of urine, rising to absolute suppression of the secretion. The urine is dark, grumous, contains much albumin, mercury, epithelia cells from the kidneys, and hyaline or granulated casts. The skin is often wet with perspiration, it has been found hyperalsthetic, itching, pale or erythematous. Sometimes there is considerable swelling of the subcutaneous tissue.

*The Nervous System.* In the beginning the patient is restless, and suffers from insomnia; later she becomes drowsy, sometimes delirious and finally she collapses. In some cases spasmodic twitchings or cataleptic stiffness has been found in the extremities. The pupils are sometimes contracted as in opium poisoning. Sometimes there is a sensation of being choked. The pulse is rapid and weak, the temperature subnormal. Of these symptoms most characteristic are the diarrhoea, the diminution or suppression of the urinary secretion, the stomatitis, the low temperature and the presence of mercury in the urine and the stools, which may be found by chemical analysis.

The chief changes found after death are hemorrhagic infiltration and extensive ulceration, sometimes diphtheritic patches and sloughs of the large intestines. In some cases a lower degree of inflammation is found in the ilium. Exceptionally the œsophagus has been found inflamed. In some cases there has been found local peri-

tonitis. In the mouth and throat are found the above-mentioned changes.

Another constant change is parenchymatous nephritis. Sometimes deposits of phosphate or carbonate of lime are found in the convoluted or straight tabulæ, but these calcareous deposits are often absent, and may, on the other hand, be found under different circumstances.

In some cases the substance of the brain was found dry; in others there are extravasations of blood in the meninges.

### Aristol.

Aristol (dithymol iodide) is steadily gaining ground as a substitute for iodoform. The following formulæ for its use are quoted from the *Chemist and Druggist*, April 26, 1890:

I.	
R Aristol . . . . .	1 part.
Flexible collodion . . . . .	9 parts.

To be used for painting on the skin. Should be dispensed in a dark-colored bottle.

II.	
R Aristol . . . . .	10 parts.
Olive oil . . . . .	20 parts.
Lanolin to . . . . .	100 parts.

Dissolve the aristol in olive oil and mix with the lanolin.

Bougies are made with cocoa butter, each containing from 2 to 8 grains of aristol. Pessaries contain 6 to 15 grains and made with the same basis.

### Sulpholinic Acid as a Solvent.

According to the *Journal de Médecine*, as quoted in the *Quarterly Therapeutic Review*, Jan. 1, 1890, sulpholinic acid is obtained by the action of sulphuric acid by a complex chemical process on vegetable oils, and is rendered neutral by repeated washings with a solution of chloride of sodium and ether. When concentrated it presents the appearance of a yellowish liquid, with a neutral reaction; a taste at first sweet, then bitter and astringent. Its specific weight is 1.023. It is soluble in all proportions of alcohol, and miscible with one to two parts of water without losing its oily character. Dissolved in a large quantity of water, it



are found forms a clear liquid, slightly opalescent, and remarkable for its great affinity for water. It does not decompose, even when heated for some time up to 100° C. At a temperature below 0° C. it is converted into a yellowish mass, which resembles vaseline. It combines with a great number of various substances, which are then either completely soluble in water or readily form emulsions, such, for example, as ether, chloroform, benzine, terebenthine, bisulphide of carbon, oil of mustard and all the etherial oils. Heated or submitted to ebullition, it dissolves numerous organic and inorganic substances, such as sulphur (two per cent.), iodoform (three per cent.), camphor (twenty-five per cent.), naphthalin, chrysophanic acid and numerous coloring matters. These solutions readily penetrate the skin, which completely and rapidly absorbs them. It is thus seen that sulpholinic acid possesses remarkable properties as a solvent, and it is superior to vaseline, oleic acid, glycerine and other vehicles commonly prescribed for external use.

### Electricity in Influenza.

Mr. G. Worthington writes to the *British Medical Journal* of May 3, 1890, as follows: "As relapses and fresh cases of influenza are certainly arising, I wish to place on record the very marked benefit derived by my patients by the use of electricity in the neuralgic and rheumatic forms of the affection. In some cases the relief has been immediate and permanent; the pains in the back, groin and sternum, which people have complained of so much, and which have become more or less chronic and defied treatment, have yielded at once to thirty or forty cells of Leclanché's battery."

### The Clique of the American Medical Association.

During the Second Day's Session of the American Medical Association's recent meeting, as reported in the *Medical Standard*, June, 1890, Dr. Hooper read the report of the Trustees of the *Journal*, which announced an increased circulation, and favored the continued publication of the *Journal* in Chicago. Dr. Comegys, of Cincinnati, moved that the report be referred to a committee composed of one member

from each State and Territory. This was decided out of order and on motion of Dr. Brodie, of Detroit, the report was received. Dr. Comegys then renewed his motion in an eloquent denunciation of the manner in which the *Journal* was run by Chicago and Detroit cliques.

Dr. Seiler, of Philadelphia, seconded the motion in an equally eloquent *exposé* of the absurdities evident in the *Journal's* management. The *Journal* was defended by Drs. N. S. Davis and Shoemaker, after which a motion to table offered by Dr. Keller, of Arkansas, prevailed by a small majority. Dr. Keller, of Arkansas, moved that the constitutional amendment offered by him and adopted some years ago conferring the power of electing their officers on the sections rather than the nominating committee, be annulled and the old rule adopted. He claimed that under the present system some physicians organized as repeaters, went from one section to the other and elected officers.

After a heated discussion, a motion to table, made by Dr. Moyer, was lost by a small majority, the secretary exhibiting peculiar skill as a returning board. Three several points of order directed against the motion and based on its unconstitutional character were made. These revealed the most extraordinary ignorance of the constitution on the part of both president and secretary. Finally it was decided that the motion was constitutionally out of order.

### New Hampshire Medical Society.

The New Hampshire Medical Society will hold its ninety-ninth annual meeting in Concord, N. H., on June 16 and 17, 1890. Dr. William Child, of New Hampton, will preside. The programme is an attractive one. Among the papers to be read, we note the following: Beverages of the Past and Present; What shall be the Beverage of the Future—Dr. C. W. Gross, of Milton Mills; Ptomaines—Dr. C. P. Frost, of Hanover; Recent Epidemics of Diphtheria in Keene—Dr. H. K. Faulkner, of Keene; Necrology—Dr. J. J. Berry, of Portsmouth; Medical Men—Dr. Thomas Hiland, of Concord; Railway Hygiene—Dr. G. P. Conn, of Concord.

An exhibition of drugs, chemicals, pharmaceutical preparations, foods, etc., will form an interesting additional feature.

## NEWS.

—Dr. Otto Kopetschy, of Jersey City, died on May 29, and was cremated at Fresh Pond, L. I.

—It is reported that a lad, 14 years old, was shot June 7 at Falls of Schuylkill by Dr. E. S. Beary, who mistook the lad for a burglar.

—The ninety-ninth annual meeting of the New Hampshire Medical Society will be held at Concord, N. H., on June 16 and 17, 1890.

—A number of British and American admirers of M. Pasteur, including the Prince and Princess of Wales, have presented him with an album containing their autographs.

—By the will of the late Miss Mary E. Edson, the sum of \$10,000 is left to the New York Cancer Hospital; \$5,000 to St. Luke's; and \$5,000 to the Woman's Hospital.

—Pasteur is reported to have told Miss Kate Marsden, who has been investigating leprosy in Russia, that he can see no ground of hope of making the inoculation process successful in the treatment of leprosy.

—Dr. John S. Butler, one of the oldest physicians in Hartford, Conn., died May 21, at the age of eighty-six years. He was a native of Northampton, Mass., and graduated from Yale College in the class of 1825.

—W. G. Comstock, assistant professor of chemistry at Yale College, while experimenting in the laboratory on Tuesday, burned his hand with a preparation so severely that it will probably have to be amputated.

—The health-officer of Chicago has refused to accept "heart failure" as a cause of death. It is said that 150 death certificates so signed have been returned, with a request for information as to the true cause of death.

—Dr. Perley E. Goodhue, of Haverhill, Mass., died May 19 from malignant diphtheria. He had been attending a child stricken with the disease, and was himself attacked by it in its worst form and died in three days.

—The grand jury made another crusade on June 3, against the adulteration of food in Philadelphia. True bills of indictment were found against six dealers for adulterating, selling and exposing for sale adulterated milk on May 7.

—Sir Morell Mackenzie is said to have been engaged by an American manager to

deliver a series of lectures in this country during the coming fall and winter. He is engaged for at least twenty lectures, at the rate of \$500 per lecture.

—Chung Lung, a wealthy Chinese physician, 60 years old, was married June 2, in Kansas City, to Ah Gin, a Chinese girl. It is stated that Chung Lung sent to San Francisco for his bride, paying \$600 for her to her deputy father or guardian, her parents being in China.

—Dr. R. J. Gatling, of Hartford, Connecticut, desires a contradiction of the report recently sent from Cincinnati to the effect that A. T. Perrine was the inventor of the Gatling gun. Dr. Gatling himself invented the gun, and his letters patent, on file in Washington, are evidence of the fact.

—Surgeon Major G. A. Sternberg, U. S. A., who collaborated with Dr. Findley in getting at the origin, nature, etc., of the yellow fever germ, says Dr. Findley was mistaken in supposing he had solved the problem. The formation that he "got" every time was simply a flaw in the object glass.

—Dr. Arthur H. Wilson, of Boston, died May 11. Dr. Wilson was graduated from Dartmouth in 1863, and became A. M. R. C. S. of England in 1887. He was Assistant Surgeon United States Volunteers from November, 1863, to May, 1866. He practiced medicine in South Boston from 1866 to the time of his decease.

—Scarlet fever and diphtheria are very prevalent in the town of Highlands, near Denver, Col., and the citizens are becoming almost panic-stricken. Among other measures taken to improve the health of the community and to prevent further spread of contagion, warrants have been issued for the arrest of a number of physicians who have failed to report cases of diphtheria and scarlet fever occurring in their practice.

—A recent number of the *Correio Medico*, of Lisbon, tells of the arrest of Dr. Vicente Urbino de Freitas, Professor of Physiology, at Oporto, on suspicion of having poisoned several members of his wife's family. The illness of three members of the family came on after eating sweets and almonds, which were sent to them by post. The total number of murders of which he is accused is seven. The motive for the alleged crime is said to be the acquisition of a large property by the removal of the nearest heirs. Dr. de Freitas is one of the leading members of the medical profession in Portugal.

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No. 17.

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